



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
**Community Groundwater Exemption
Application**
Groundwater Under the Influence of Surface Water

City/Town

PWS Name/ID#

A. General Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1.

Source Name	Latitude	Longitude
Source ID #		
Status:	<input type="checkbox"/> Active-on line	<input type="checkbox"/> Active-backup
	<input type="checkbox"/> Emergency	<input type="checkbox"/> New
2. Is this source currently filtered? ☐ Yes ☐ No
If yes, describe method and type of filtration:

B. For Sand & Gravel Wells:

3. Is source 150 feet or more horizontally from a surface water feature (Exemption Criterion 1 Fact Sheet)? ☐ Yes ☐ No
If yes, how was the distance measured? ☐ Tape ☐ Surveyed
4. Was this well constructed with a grouted sanitary seal (Exemption Criterion 2 and 3c of Fact Sheet)?
☐ Yes ☐ No If yes, please attach the well construction details and specifications.
5. Is the well screen located below a geologic confining layer (Exemption Criterion 2 of Fact Sheet)?
☐ Yes ☐ No If yes, please attach lithologic logs (drillers/geologist logs), geologic maps, cross-sections.
6. Is the top of the sand and gravel well screen 50 feet or more below ground surface (Exemption Criterion 3a of Fact Sheet)? ☐ Yes ☐ No
If yes, please attach the well construction details and specifications.
7. Has the sand and gravel well been approved by DEP to pump, or has it historically pumped on average 720,000 gallons per day or less (Exemption Criterion 3b of Fact Sheet)?
☐ Yes ☐ No If yes, please provide historical pumping data.
8. Has the groundwater source or system had total or fecal Coliform violations during the last three years (Exemption Criterion 3d of Fact Sheet)? ☐ Yes ☐ No
If yes, please attach the water quality analyses for any total or fecal Coliform violations and an explanation as to the source of bacteria, if known.
9. Suppliers whose sand and gravel wells **do not meet** one of the Exemption Criteria (1, 2, or 3a-d) are required to conduct Microscopic Particle Analyses (MPA). Dug Wells may be evaluated using the same criteria for sand and gravel wells.



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C. For Bedrock Wells:

10. Has the bedrock well been approved by DEP to pump, or has it historically pumped, less than 100,000 gallons per day?

☐ Yes ☐ No If yes, please provide historical pumping data.

11. Is the bedrock well 50 feet or more in depth? ☐ Yes ☐ No

If yes, please attach well construction details and specifications.

12. Was this well constructed with a sanitary seal? ☐ Yes ☐ No

If yes, please attach well construction details and specifications.

13. If bedrock well, is the source 200 feet or more from a surface water feature? ☐ Yes ☐ No

If yes, how was the distance measured? ☐ Tape ☐ Surveyed

14. Has the groundwater source or system had total or fecal Coliform violations during the last three years? ☐ Yes ☐ No

If yes, please attach the water quality analyses for any total or fecal Coliform violations and an explanation as to the source of bacteria, if known.

15. Suppliers whose bedrock wells **do not meet** *all* of the above bedrock well exemption criteria must conduct MPA. Bedrock wells approved to pump, or historically pumped at 100,000 gpd or greater, and all springs must conduct MPA.

For All Applications

If this application was prepared with the assistance of an *environmental consultant* or *well driller*, please sign.

Signature

Profession

Affiliation

Phone Number

Date

I hereby certify that my answers to these questions are accurate and the attachments meet the information requirements of the Fact Sheet.

Water Department Official Signature

Phone Number

Date

Please submit completed Exemption Application Forms to:
Frank R. Niles, DEP/DWP, One Winter Street, Boston, MA 02108